



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	14 th July 2022			
Title of Paper	Joint Commissioning Board – Better Care Fund (BCF) & Working with the Voluntary, Community and Enterprise Sector (VCSE)			
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Which Joint Health & Wellbeing Strategy priorities does this paper address? Please tick all that apply	Children & Young People	x	Joined up working	x
	Mental Health	x	Improving Population Health	x
	Healthy Weight & Physical Activity	x	Working with and building strong and vibrant communities	x
	Workforce	x	Reduce inequalities (see below)	x
What inequalities does this paper address?	All programmes of the BCF must support the reduction of health inequalities, by ensuring those who need it most have access to services. Working through the VCSE to understand our population, to connect with people in the communities where they live, and to provide activity that improves the health and wellbeing of all people, with a particular focus on those who need it most (thus reducing inequalities).			

1. Executive Summary

This paper is a regular paper for the HWBB to highlight our Joint Commissioning work. It includes an update on the Better Care Fund, Market Position Statement and details our work with the VCSE with a particular focus on community led approaches and infrastructure developments. The paper highlights the importance of community led activity for the improvement of health and wellbeing and reduction of health inequalities.

2. Recommendations

1. Endorsement - that the Board accepts this report for information and endorses the work taking place.
2. That the Board recognises the vital role of the VCSE in Shropshire and receives a report in the future, constructed jointly with the VCSE, detailing the progress of the infrastructure work, and requesting discussion on medium- and long-term approach to ensuring the work can continue.

3. Report

3.1 Better Care Fund Update

Shropshire has not received any further feedback on the annual return.

At a regional meeting last month, it was stated that the framework guidelines for 2022/23 would be issued in mid-July with no details on the timescales to submit this year's plan, although it is anticipated that timescales will be short. It was stated that this year's plan will be for one year with next year anticipated to be a two-year plan, however this is subject to change.

The metrics may slightly change, however the focus on both Prevention and hospital discharge will remain the themes for funding. It was signalled that in addition to the annual submission, a demand

and capacity template will be a new requirement along with ensuring carer support is included within this year's return.

It was also confirmed that at this stage the Health and Wellbeing Board will remain the statutory body to sign off the annual submission.

The next stage will be a review of all the projects currently within the BCF and ensure delivery is set against the criteria as part of the annual submission.

3.2 Joint Commissioning

Fair cost of care work is continuing with work with Providers to encourage them to complete their returns.

The Market Position Statement is progressing with meetings planned with health to look at areas of complexity and demand across all ages.

Current winter planning with system partners is underway including reviewing the previous year and focussing on how we further develop and enhance the voluntary and community sector support to the system and align resources to ensure best use of resource and timely response.

System partners had a session to focus on quality assurance for social care providers and how we can work collaboratively together to align resources and work proactively together to support the sector. Partners agreed this work on a joint quality assurance framework should be progressed.

3.3 Working with our Voluntary, Community and Enterprise Sector (VCSE) – Community led approaches and infrastructure

In 2015 the report; *A guide to community-centred approaches for health and wellbeing, Public Health England and the NHS* highlight that, 'Local government and the NHS have important roles in building confident and connected communities as part of efforts to improve health and reduce inequalities'. The report highlights that there is significant evidence that community led activity supports population health and reduction of inequalities. Additionally, the National Institute for Health and Care Excellence (NICE) endorses community engagement as a strategy for health improvement and there is a substantial body of evidence on community participation and empowerment and on the health benefits of volunteering.ⁱ

The report goes on to say that community-centred ways of working have often been poorly understood and located on the fringes of mainstream practice, which has largely been dominated by professionally led solutions. There are a number of reasons why this situation needs to change:

- we are unlikely to narrow the health gap in England without actively involving those most affected by inequalities. Participatory approaches directly address the powerlessness and low self-esteem associated with structural inequalities. They also help improve access and uptake
- the assets within communities, such as skills, knowledge and social networks, are the building blocks for good health and cannot continue to be ignored. A sole focus on community needs and deficits limits the options available, and sometimes increases stigma by labelling people with problems
- health behaviours are determined by a complex web of factors including influences from those around us. Community engagement and outreach are often a vital component of behaviour change interventions and the support from peers who share similar life experiences can be a powerful tool for improving and maintaining health
- social isolation and loneliness is a major public health issue, associated with higher risks of mortality and morbidity. But people can 'recover' from loneliness, meaning that there is scope for interventions to improve social connections
- wellbeing is a key concept for a functioning and flourishing society and community life, social connections, and active citizenship are all factors that enhance wellbeing. Thinking about how to enhance the informal ways people connect with others and offer assistance opens up the possibilities for positive change
- a flow of new ideas and intelligence from local communities is needed to give a full picture of what works and what is needed. Local government and ICSs now have the freedoms to

involve communities in jointly developing locally tailored solutions in the current period of austerity, the Wanless review's conclusion that high levels of public engagement are needed in order to keep people well and manage rising demand remains highly relevant.

More recently, the Integrated Care System (ICS) "*implementation guidance on partnerships with the voluntary, community and social enterprise sector*" ("VCSE") highlights that VCSE organisations are key strategic partners, emphasising the value of the sector's contribution to both the design and delivery of services. The VCSE sector will continue to play a crucial role within systems at a place and neighbourhood level to provide care and support as close to people as possible as well as decreasing health inequalities.

In Shropshire we recognise that working with our VCSE provides public services a primary source of understanding and developing relationships with our communities. Our VCSE are able to coordinate and mobilise the wealth of community activity and good will that exists in Shropshire. The amount of community support and interest in helping each other was never more evident than through the Covid pandemic; our VCSE were able to bring people together and ensure that this large mobilisation of community activity was done in a safe and supported way.

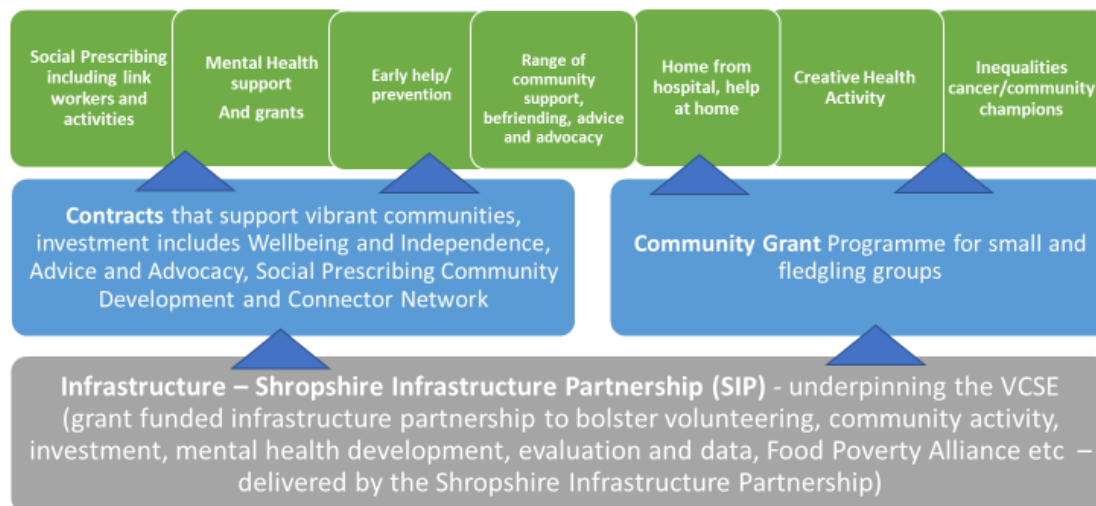
Strategically, we have worked for many years with our [Voluntary and Community Sector Assembly \(VCSA\)](#) and its forums of interest to ensure that the voice of the sector is a core part of our decision making. More recently the [Integrated Care System has signed a Memorandum of Understanding](#) with the Voluntary and Community Sector.

Through the Better Care Fund (and other community grants), Shropshire health and care system have also contracted with the VCSE for many years. Through this, the VCSE has been able to provide a range of vital services, work with those most at risk of social exclusion and enable individuals to contribute to public life and the development of their communities.

While we have contracted and grant funded the VCSE for community activity, in the past, public services in Shropshire have not significantly funded our VCSE core infrastructure support for the sector, reducing its ability to provide opportunities for capacity building, policy development, fund raising, planning, volunteer support and brokerage. However, since the pandemic, Shropshire Council has been able to grant fund the Shropshire Infrastructure Partnership (SIP) with a focus on developing a robust infrastructure support offer within the VCSE. This support offer includes bolstering volunteering, volunteer brokerage, fund raising and support for fledgling and established community groups regarding constituting, volunteer policies, safeguarding and improving the community offer. In addition, for 2022-24 the grant fund will provide additional infrastructure and community development around food poverty, mental health, as well as developing a framework for routine and systematic evaluation and data to inform our system's decision making.

This infrastructure work will bolster the VCSE's ability to deliver on the contracts, grants and community led activity happening in our local areas and include measures to monitor the impact and outcomes. The diagram below demonstrates in grey and blue some of the investment into our VCSE and in green the outputs that we see in our communities. This isn't the complete picture investment or activity, but it starts to describe how the funding and activity are connected, and how infrastructure funding supports the overall delivery of community activity.

Community investment and activity



An example of how this work in practice is the Volunteer Brokerage that has occurred as a result of the 'Be Part of History' volunteering campaign for Shropshire, Telford & Wrekin's Vaccination and Covid Testing programmes. The Shropshire Infrastructure Partnership have been able to continue to work with the 100s of volunteers who stepped forward to support during Covid, to connect the volunteers with other volunteering opportunities. This has been particularly helpful for the community development element of Social Prescribing where community development and volunteer brokerage work together to address gaps and develop the community offer.

A future report will be brought to the December board to demonstrate the activity and impact of current services and investment and planning for the medium and long term.

<p>Risk assessment and opportunities appraisal (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)</p>	<p>Funding to support VCSE Infrastructure funding has been made available through local grant programmes. There has currently not been agreed a commitment to Public Sector investment and therefore the medium- and longer-term development of the work is at risk.</p>	
<p>Financial implications (Any financial implications of note)</p>	<p>There are no direct financial implications identified in this update report</p>	
<p>Climate Change Appraisal as applicable</p>	<p>Promoting local activity e.g., community-based activities and social prescribing reduces car journeys. All commissioned services consider climate change in its design and implementation.</p>	
<p>Where else has the paper been presented?</p>	<p>System Partnership Boards</p>	<p>Joint Commissioning</p>
	<p>Voluntary Sector</p>	
	<p>Other</p>	
<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) N/A</p>		
<p>Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead (List of Council Portfolio holders can be found at this link: https://shropshire.gov.uk/committee-services/mgCommitteeDetails.aspx?ID=130) Cllr Simon Jones, Portfolio Holder for Adult Social Care and Public Health</p>		

Appendices

N/A

ⁱ A guide to community-centred approaches for health and wellbeing,
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768979/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report.pdf , accessed June 2022